

2001 Mammography Rate Tables

Biennial 2000/2001, Annual 2001

Data Sources: Physician NCH files
Standard Analytic Files (NCH). March closings: Outpatient, SNF, Inpatient
CMS/HCFA Denominator File

Denominator Criteria

Inclusion criteria.

- Female
- During either months 1-12 **or** during months 13 - 24, for biennial, or during annual period, women who were enrolled for at least 11 months in **FFS** and in **Part A** and in **Part B**, and **survived** through end of 12 month period. For biennial, met the above criteria and were enrolled in FFS, Part A and B for one or more months during months 12 and 13 of the biennial period.

Numerator Criteria: Technical Specifications Based on HEDIS 1999 vs. 2002

Mammography rates reported for annual 1997 – 2000 and for biennial 1997-98 through 1999-00 were calculated using technical specifications based on HEDIS 1999. In 2002, the National Committee for Quality Assurance (NCQA) revised their technical specifications for mammography services and reported the updated definition in the HEDIS 2002 Technical Specifications. Beginning with annual 2001 and biennial 2000-01, mammography rates are reported for both mammography indicators, one based on HEDIS 1999, the other on HEDIS 2002. The HEDIS 2002 mammography indicator was added to attain consistency with the 2002 HEDIS breast cancer screening measure.

The numerator definition for the 1999 HEDIS measure included revenue center codes of 320 or 400 if the claim also contained one or more of the following ICD-9-CM diagnosis codes: 174.x, 198.81, 217, 233.0, 238.3, 239.3, 610.0, 610.1, 610.2, 611.72, 793.8, V10.3, V76.1x. For 2002, the HEDIS numerator definition was revised and does **not** include these combinations of revenue center and diagnosis codes. Revenue center codes of 320 and 400 are used for other radiologic and imaging services. The elimination of these revenue center codes that are not specific to mammography, in combination with ICD-9-CM diagnoses, is consistent with numerator specifications for mammography used by CMS prior to the analysis of biennial 1997-98 mammography data. (Mammography claims are identified using revenue center codes of 401, for diagnostic, or 403 for screening mammography.) Reanalysis of biennial 2000-01 mammography data with the proposed “HEDIS 2002” mammography measure indicates a decrease of 0.6 percent in the percent of eligible female beneficiaries age 65 years or older with mammography services paid by Medicare.

- **Modification of mammography codes in the numerator statement.** The numerator statements for both mammography indicators, HEDIS 1999 and 2002, have been modified to reflect changes in Medicare HCPCS billing codes. For dates of service during 2001,

HCPCS of G0203, G0205, and G0207 are included as indicators of mammography services. These HCPCS codes were used from April 1, 2001 through December 31, 2001 to bill for mammography film processed to produce digital image. As of May 13, 2002, only 50 claims with these HCPCS codes were found in national physician claims for 2002. Beginning January 1, 2002, HCPCS G0236 and 76085 will be included as indicators of mammography services. These codes are used to bill for computer-aided detection for mammography. HCPCS billing codes for digital mammography, G0202, G0204, and G0206 are in both the current and proposed numerator statements. The numerator statement will be modified, if necessary, to reflect ongoing Medicare changes in billing.

Numerator Statement Summary

For HEDIS 1999 and 2002 mammography indicators

One or more paid claims with one or more of the following criteria:

Inpatient, outpatient, SNF, or physician claims.

Date of Service.

All. HCPCS = 76090, 76091, 76092;

Beginning Jan. 2001. HCPCS = G0202, G0204, G0206

Jan. – Dec. 2001. HCPCS= G0203, G0205, G0207

(Beginning Jan. 2002. HCPCS = 76085, G0236)

Inpatient, outpatient, or SNF claims.

ICD-9-CM procedure code = 87.36 or 87.37

ICD-9-CM diagnosis code = V76.11 or V76.12

Revenue Center Code = 401 or 403

Additional criteria for HEDIS 1999 mammography indicator

Or one or more paid claims with one or more of the following criteria:

Inpatient, outpatient, or SNF claims.

Revenue Center Code=0320 or 0400 in conjunction with breast-related ICD-9-CM diagnosis codes=174.x, 198.81, 217, 233.0, 238.3, 239.3, 610.0, 610.1, 610.2, 611.72, 793.8, V10.3, V76.1x